

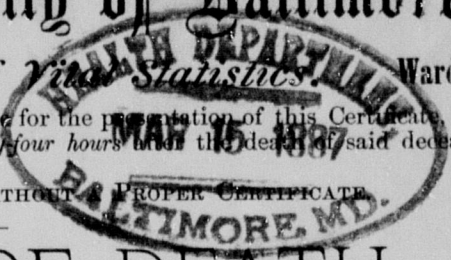
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98622 Office of Registrar of Vital Statistics Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 14th, 1887
Full Name of Deceased, John Ruesner Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, Male Cross out the word not required in this line.
Age, 49 Years, 0 Months, 0 Days.
Color, White
Married, Single, Widow or Widower, Married Cross out the words not required in this line.
Occupation, None
Birth Place, Germany State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 20 years
Place of Death, No 87 Cambridge St Give Street and Number.
Cause of Death, Dropsy First (Primary), Second (Immediate).
Duration of Last Sickness, One month
All the above information should be furnished by the Physician.
Place of Burial, Holy Redeemer
Date of Burial, March 15
{ Undertaker, W. Dwyer Medical Attendant, M. D.
{ Place of Business, 151 Bond St Address, 111 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No.

98623

Office of Registrar of Vital Statistics

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, Mar. 15, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Columbus Joshua Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 78 Years, 3 Months, 15 Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Merchant ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 56 Years.

Place of Death, { Give Street and Number. } 36 S. Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Adenitis
Exhaustion

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, March 17th 1887

{ Undertaker, John S. Macher } J. H. Murray M. D.
Place of Business, No 150 Camden St Address, 76 S. Paca St
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

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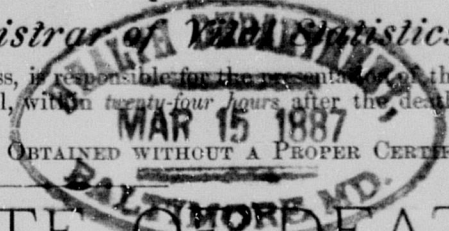
Permit No. 98624

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



a

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Smith

Sex, Male or Female, { Cross out the word not required in this line. } ~~Female~~

Age, 7 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } No 1110 S. Fremont St

Cause of Death, { First (Primary), Injuries received by coming in contact with steam engine of B & O R. R. Second (Immediate), _____ }

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Cemetery

Date of Burial, March 15th 1887

{ Undertaker, John J. Marcher } L. S. Spanow M. D.

Medical Attendant.

{ Place of Business, No 150 Camden } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

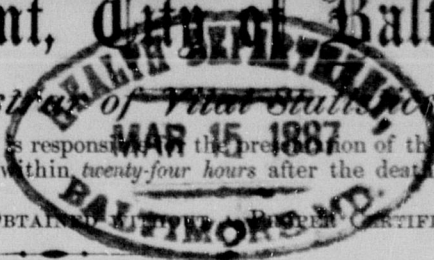
Health Department, City of Baltimore.

Permit No. 8625 Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, Mar 15 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr John Rehnert

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 4 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Eng

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 377, Hamburg

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria
Convulsion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Carroll Address, 58. S. Rocal

Medical Attendant, J. D. Clark M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 98626 Office of Registrar of Vital Statistics. Ward 19
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1887

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. Laura Waidner

Sex, ~~Male~~ or Female, Cross out the word not required in this line. Waidner

Age, 33 Years, Months, Days,

Color, White

Married, Single, Widow or Widower, Cross out the word not required in this line.

Occupation

Birthplace, State or country, and how long in the United States, if of foreign birth. Pa

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, Give street and Number. no 1525 Sarah Lloyd St

Cause of Death, First (Primary).

Second (Immediate).

Consumption

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar. 16th 1887

Undertaker, F. Lewis Schaefer

B. G. Herman M. D.
Medical Attendant.

Place of Business, 316 N. Fremont St Address, 1924 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore. 11

Permit No. 98627 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ ^{four} hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
 NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 15 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas F. Scriven

Sex, ~~Male~~ or ~~Female~~, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, wht

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, undertaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } md

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 925 Madison ave

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 18/87

{ Undertaker, D. Wegand } G. Lane Daneyhue M. D. Medical Attendant.

{ Place of Business, 1007 Dumb Hill } Address, 922 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98628 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 15 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerusha P. Scriven Scriven

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Del.

Duration of Residence in the City of Baltimore, 240 years

Place of Death, {Give Street and Number.} 925 Madison Ave

Cause of Death, {First (Primary), Second (Immediate),} Consumption of lungs

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 18/87

{ Undertaker, D. W. Egan

G. Lane Tanyhill M. D.

Medical Attendant.

{ Place of Business, 1007 Druid Hill Ave

Address, 922 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 98629 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 15 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Beatrix Williams

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 2 Months, Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 yr 2 mths

Place of Death, { Give Street and Number. } 1704 Carter alley

Cause of Death, { First (Primary), Second (Immediate), } Malaria

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mch 16 - 1887

{ Undertaker, Alex. Hensley } Edmund C. Gibbs. M. D. Medical Attendant.

{ Place of Business, 561 Richards } Address, 43/138 E. Townsend St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98630 Office of Registrar of Vital Statistics.

Ward 6.2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1887
Full Name of Deceased, Henry Doenjes
Sex, Male or Female, Male
Age, 1 Years, 4 Months, 4 Days.
Color, White

Married, Single, Widow or Widower, Single

Occupation, ✓

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, 2218 E. Fayette St.

Cause of Death, Marasmus

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St. Matthias Cem

Date of Burial, March 16 1887

Undertaker, John Herwig Medical Attendant, J. W. Selmes M. D.

Place of Business, 2008 E. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 98631 Office of Registrar of Vital Statistics. Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary S Kane

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 32 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, nat

Birth Place, { State or country, and how long in the United States, if of foreign birth. } nat

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 16 West Barney St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
Insanity - Exhaustion

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Holy Grove

Date of Burial, May 18

Undertaker, B. H. Hale Geo B Reynolds M. D.

Medical Attendant.

Place of Business, 115 West H Address 711 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]